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CONFIRMATION NO. 1386

SERIAL NUMBER 09/600,698	FILING DATE 07/21/2000 RULE	CLASS 370	GROUP ART UNIT 2665	ATTORNEY DOCKET NO. P00.1131
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APPLICANTS

GERTA KOSTER, MUNCHEN, GERMANY;
KLAUS GRADISCHNIG, GAUTING, GERMANY;
JORG OEHLERICH, STOCKDORF, GERMANY;

**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/EP98/08210 12/15/1998

**** FOREIGN APPLICATIONS *******

GERMANY 98101399.8 01/27/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/10/2000

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

METHOD FOR OVERLOAD CONTROL FOR A SWITCHING CENTER

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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SERIAL NUMBER 09/600,698	FILING DATE 07/21/2000 RULE _	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. P00.1131
APPLICANTS GERTA KOSTER, MUNCHEN, GERMANY; KLAUS GRADISCHNIG, GAUTING, GERMANY; JORG OEHLERICH, STOCKDORF, GERMANY;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP98/08210 12/15/1998				
** FOREIGN APPLICATIONS ***** GERMANY 98101399.8 01/27/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/10/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 11
Verified and Acknowledged _____ Examiner's Signature Initials		INDEPENDENT CLAIMS 1		
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TITLE METHOD FOR OVERLOAD CONTROL FOR A SWITCHING CENTER				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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GIVEN NAME:	GERTA	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	01 / 27 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
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			FAX

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CITY: CHICAGO

STATE/COUNTRY: IL ZIP: 60606

EMAIL:

APPLICATION TITLES:

"METHOD FOR OVERLOAD CONTROL FOR A SWITCHING CENTER"

TAB TO LAST POSITION,PUSH SEND